

12/13/01



J1031 U.S. PTO

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Certificate of Mailing	
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<p>I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.</p>	
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12/13/01
C926021952 TO

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)	
Attorney Docket Number	00398/502003
Applicant	ANDREW G. PLAUT, JIAZHOU QIU, and JOSEPH W. ST. GEME, III
Title	COMPOSITIONS AND METHODS FOR PROTEOLYTICALLY INACTIVATING INFECTIOUS AGENTS USING LACTOFERRIN AND RELATED MOLECULES
PRIORITY INFORMATION:	
This application is a continuation-in-part of and claims priority from U.S. provisional patent application serial number 60/081,564, filed April 13, 1998, and claims priority from U.S. utility patent application serial number 09/289,997, filed April 12, 1999.	
SMALL ENTITY STATUS:	
<input checked="" type="checkbox"/> Applicant claims small entity status under 37 C.F.R. § 1.27.	
APPLICATION ELEMENTS:	
Cover sheet	[1] pages
Specification	[36] pages
Claims	[4] pages
Abstract	[1] pages
Drawing (Figs. 1-16)	[19] sheets
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application ***** and the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	[2] pages
A copy of A Petition for Extension of Time (4 months)	[1] pages
Sequence Statement	[**] pages
Sequence Listing on Paper	[**] pages
Sequence Listing on Diskette	[**] disk

IDS	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] references
Recordation Form Cover Sheet and Assignment	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1

FILING FEES:

Basic Filing Fee: \$370	\$370.00
Excess Claims Fee: $37 - 20 = 17 \times \$9$	\$153.00
Excess Independent Claims Fee: $14 - 3 = 11 \times \$42$	\$462.00
Multiple Dependent Claims Fee: \$280/\$140	\$0
Total Fees:	\$985.00

- Enclosed is a check for \$985.00 to cover the total fees.
- Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees.
- The filing fee is not being paid at this time.
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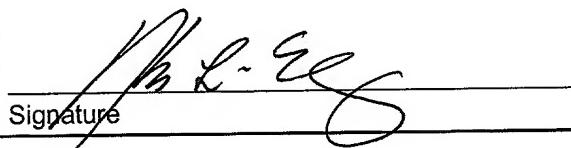
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Signature



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